DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Optometrists
Opticians
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-32 MAA
Issued: June 16, 2003

For Information Contact:
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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 02-30 MAA

Subject: Vision Care Program: Fee Schedule Updates

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);
- The Year 2003 additions of Current Procedural Terminology (CPT™) codes; and
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes.

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Coding Changes

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standard set of procedure codes. MAA is discontinuing state-unique procedure codes and modifiers and will require the use of applicable CPT™ and HCPCS procedure codes on all submitted claims. MAA is currently upgrading its claims processing system to accommodate these changes. State-unique procedure codes used in the Vision Care Services Program will be discontinued by October 2003. MAA will notify providers of all coding changes in a later memorandum.

Attached are updated replacement pages H.1-H.2 and K.1-K.2 for MAA's Vision Care Billing Instructions, dated September 2000. To obtain this document electronically, go to MAA's website at http://maa.dshs.wa.gov (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

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Ocular Prosthetics

Not payable to Opticians.

When does MAA cover ocular prosthetics?

MAA covers ocular prosthetics when they are medically necessary and provided by any of the following enrolled/contracted providers:

- An Ophthalmologist;
- An Ocularist; or
- An Optometrist who specializes in orthotics.

Billing

Procedure Codes: Refer to MAA's Physician-Related Services Billing Instructions for a complete listing of CPT codes and maximum allowables or go to: http://maa.dshs.wa.gov, click on Provider Publications/Fee Schedules.

HCPCS Procedure Codes: Please use one of the following HCPCS procedure codes when billing for Ocular Prosthesis.

Not payable to Opticians

HCPCS Code	Description	Effective 7/1/03 Maximum Allowable
V2623	Prosthetic, eye, plastic, custom	$862.80
V2624	Polishing/resurfacing of ocular prosthesis	65.09
V2625	Enlargement of ocular prosthesis	395.77
V2626	Reduction of ocular prosthesis	213.33
V2627	Scleral cover shell	1,377.82
V2628	Fabrication and fitting of ocular conformer	325.33
V2630	Anterior chamber intraocular lens	342.42
V2631	Iris, supported intraocular lens	342.42
V2632	Posterior chamber intraocular lens	342.42

Cataract Surgeries

This information is for referral purposes only.

When does MAA cover cataract surgery?

MAA covers cataract surgery when it is medically necessary and the provider clearly documents the need in the client's file.

MAA considers the surgery medically necessary when the client has either of the following:

- Correctable visual acuity in the affected eye at 20/50 or worse, as measured on the Snellen test chart; or

- One or more of the following conditions:

✓ Dislocated or subluxated lens;
✓ Intraocular foreign body;
✓ Ocular trauma;
✓ Phacogenic glaucoma;
✓ Phacogenic uveitis; or
✓ Phacoanaphylactic endopthalmitis.

Fee Schedule

(Ophthalmologists/Optometrists/Opticians)

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

		7/1/03 Maximum Allowable Fee	
CPT Procedure Code	**Brief Description**	**Non-Facility Setting (NFS)**	**Facility Setting (FS)**
0311M* **Billable by Opticians Only**	Operating costs in nursing homes. (Allowed once per visit, per facility, regardless of how many clients are seen, when eyeglass fitting or eligible repair services are performed.)	$17.01	$17.01
Fitting fees are not covered by Medicare and may be billed directly to the MAA without attaching a Medicare denial.			
92340	Fitting of spectacles	24.80	24.80
92341	Fitting of spectacles	27.98	27.98
92342	Fitting of spectacles	29.80	29.80
92352	Special spectacles fitting	24.80	24.80
92353	Special spectacles fitting	29.12	29.12
92354	Special spectacles fitting	204.30	204.30
92370	Repair & adjust spectacles	20.48	20.48
92371	Repair & adjust spectacles	14.56	14.56
9274M*	Materials for eyeglasses repair	15.17	15.17
9275M*	Fitting fee for therapeutic bandage lenses. (This includes 14-day follow-up care and dispensing)	123.53	123.53
9276M*	Fitting fee for contact lenses. (This includes 30-day follow-up care for the training period and includes dispensing.)	46.33	46.33

***State-Unique Code**

		7/1/03 Maximum Allowable Fee	
CPT Procedure Code	**Short Description**	**Non-Facility Setting (NFS)**	**Facility Setting (FS)**
9277M*	Fitting of contact lenses for treatment of disease. (This includes 90-day follow-up care and includes dispensing.)	$140.75	$140.75
92499	Eye service or procedure	B.R.	B.R.

***State-Unique Code**

☞ **NOTE:** MAA does not separately reimburse a nursing facility for eye exams, refractions, and fitting and repairing of eyeglasses when provided by optometrists and opticians using their own equipment. The criteria used for reimbursing providers at NFS maximum allowable fee is when the provider performing the service typically bears the cost of resources, such as labor, medical supplies, and medical equipment associated with the service performed.